

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

12319

State File No. 3122

FILED APR 4 1953

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

3122

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place) 25 yrs.		d. STREET ADDRESS (If rural, give location) 4217 E. Evans	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital		e. STREET ADDRESS (If rural, give location) 4217 E. Evans	
3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) Mae c. (Last) Shuler		4. DATE OF DEATH (Month) (Day) (Year) March 22, 1953	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Dec. 1, 1897
9. AGE (In years last birthday) 55	10. UNDER 1 YEAR 3	11. UNDER 1 YEAR 21	12. HOURS 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Aberdeen, Mississippi		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Julius Shuler		13b. MOTHER'S MAIDEN NAME Agnes Williams	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 499-34-3049		17. INFORMANT'S SIGNATURE OR NAME Helen Shuler, 4217 E. Evans Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain tumor, metastatic ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION Metastatic tumor in rt. frontal lobe 19b. MAJOR FINDINGS OF OPERATION Metastatic tumor in rt. frontal lobe 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 1 month	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR? 1995	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 1995		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from 3/18 , 1953, to 3/21 , 1953, that I last saw the deceased alive on 3/21 , 1953, and that death occurred at 10:45 p.m., from the causes and on the date stated above.			
23a. SIGNATURE S. B. Rader (Degree or title) M.D.		23b. ADDRESS St. Luke's Hosp.	
23c. DATE SIGNED 3/22/53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 3/26/53		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates	
DATE REC'D BY LOCAL REG. MAR 23 1953		ADDRESS 4107 Finney Avenue	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by-----

working under my personal supervision.

Student Embalmer No.

Signed.....

Thomas J. Hales

Signed.....
Student Embalmer

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.